KEEP THE PROMISE COALITION
Advocacy and action for Connecticut's mental health

Appropriations Committee Hearing
March 9th, 2023

Testimony of Jordan Fairchild,
Coordinator and Community Organizer,
Keep The Promise Coalition

In Regards to H.B. 6659 *An Act Concerning The State Budget For The Biennium Ending June 30, 2025 And Making Appropriations Therefor*, and the proposed budget for DMHAS.

Senator Osten, Representative Walker, Senator Berthel, Representative Nuccio, and distinguished members of the Appropriations Committee:

My name is Jordan Fairchild, I live in Hartford, and I am the Coordinator and Community Organizer for Keep The Promise Coalition (KTP), a grassroots group of CT advocates with lived experience of mental health conditions, addiction, and co-occurring disabilities.

I'm testifying in regards to the proposed budget for DMHAS.

Keep The Promise Coalition was founded in 1999 after the closing of Fairfield Hills and Norwich State psychiatric hospitals in the 90s' and the Supreme Court Decision in Olmstead v. L.C. In the Olmstead case, the court ruled that people with disabilities, including psychiatric disabilities, have the right to live and receive their services in the most integrated community setting. That year, Connecticut made a promise to fund the community-based mental health services that would make it possible for people to recover **in the community.**

The advocates that founded Keep The Promise Coalition had lived experience of mental health conditions, and the mental health *system*. They knew, better than anyone else what these services mean for people recovering from mental health conditions.

Funding Discharge and Diversion, Community Nonprofits, and Housing Supports and Services:

The average length of stay at Connecticut Valley Hospital (CVH) is now three and a half years. Part of the reason for this is due to the limited availability and high demand of housing and community services, which present a barrier to discharge. While they're waiting for discharge, patients spend years of their lives in CVH and Whiting. A well-funded system of community-based supports and services are required to promote recovery in Connecticut.

This proposed budget would make investments in the critical discharge and diversion services, as

31 DeJohn Drive, Middletown CT 06457
E-Mail: jfairchild_KTP@cahs.org
Cell: 203-241-7986 Office: 860-788-6180
Website: www.ctkeepthepromise.com

well as community-based nonprofit services that are required to see people out of the hospital and back into the community. While these allocations are a good start, they don't represent the funding that's needed to make up for inflation and cuts of the past few years. We stand behind the CT Nonprofit Alliance's call for a 9% cost of living adjustment in FY 24, and 7% in FY 25.

As you know, our state is experiencing a housing crisis. This crisis is manufactured by policy decisions, and can be easily fixed by investing in housing, including the necessary supports and services to help keep people stably housed, in their communities. We support the proposal in H.B. 6554 to appropriate an additional $7.7 million in the DMHAS budget in FY 24 for housing supports and services.

Funding for Mental Health Crisis Services:

This budget also makes investments in mobile crisis services and funding the 988 hotline. Expanding the availability of mobile crisis will ensure a more compassionate response when someone picks up the phone due to a mental health crisis. But when a mobile crisis team makes a contact, that person's options are limited. In Connecticut, if that individual needs care, they'll often end up in an inpatient psychiatric ward, or when that's not available, an emergency room.

Both inpatient and emergency hospitalization are costlier and less effective than services provided in the community. In 2021, the median cost of a week's long stay in inpatient psych was $27,681. Multiple studies have shown that inpatient psychiatric can actually be harmful, increasing a person's likelihood of dying by suicide following their stay.

The system we have now works for *some* people, but the evidence is clear that it doesn't work for *most*. We need to expand the types of crisis services that we have available here in Connecticut, and invest in less disruptive, **community-based** crisis services, such as **peer run respites,** which currently exist in at least 15 other states, but not Connecticut.

Peer run respites are a low-cost, voluntary, community-based option for people experiencing mental health crises. Respites are set in a home-like environment and staffed by peer support specialists who have lived experience of their own recovery from mental health conditions. They are cost effective, with our closest example in Afiya house in Massachusetts costing only $3,196 for a standard week-long stay. They are extremely effective at mitigating crises, with respite guests reporting high satisfaction with their stays. Research also shows that respite clients are 70% less likely to return to a hospital for inpatient psychiatric services following their stay at a respite, suggesting that respites are effective at preventing future crises. This means that further savings will come from intervening to prevent hospital re-admissions long-term.

Providing $7.5 million in FY 24 and $5 million in FY 25 to establish and maintain five peer run respites around the state, with four beds each, could save over $23 million annually on hospital costs. For more information, I have attached a fact sheet on peer run respites to my testimony.

If Connecticut wants to intervene early and put people on the path to recovery, it would fill the gap in our crisis service system by investing in peer run respite.

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In summary, KTP supports the proposed budget, but urges critical increases to these necessary community based mental health and crisis services.

Thank you for the opportunity to submit testimony,

Jordan Fairchild,
Coordinator and Community Organizer,
Keep The Promise Coalition

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